

## Section 6

## 510(k) Summary

## 6. 510(k) Summary

APR 18 2011

This 510(k) summary information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

**APPLICANT:** Pinnacle Spine Group, LLC

**DATE PREPARED:** February 21, 2011

**CONTACT PERSON:** Rebecca K Pine  
1601 Elm Street, Suite 300  
Dallas, TX 75201  
Phone: 760.809.5178  
Fax: 760.290.3216

**TRADE NAME:** InFill™ Intervertebral Body Fusion Device

**COMMON NAME:** Spinal Implant

**CLASSIFICATION NAME:** Intervertebral Body Fusion Device

**DEVICE CLASSIFICATION:** Class II

**REGULATION NUMBER:** 888.3080 (product code:MAX)

**PREDICATE DEVICES:** NuVasive CoRoent System, K071795  
Globus Medical Patriot Transcontinental LLIF Spacer, K093242

**Substantially Equivalent To:**

The InFill™ intervertebral body fusion device is substantially equivalent in intended use, principal of operation and technological characteristics to the NuVasive CoRoent System and the Globus Medical Patriot Transcontinental LLIF Spacer.

**Description of the Device Subject to Premarket Notification:**

The InFill™ intervertebral body fusion device is a radiolucent implantable device manufactured from PEEK and tantalum (marker material). The implant is available in various sizes to suit the individual pathology and anatomical conditions of the patient.

The InFill™ intervertebral body fusion device is provided sterile, for single use only.

**Indication for Use:**

InFill™ is indicated for intervertebral body fusion of the spine in skeletally mature patients. InFill™ is designed for use with autogenous bone graft to facilitate fusion. InFill™ is intended for use at either one level or two contiguous levels in the lumbar

spine, from L2 to S1, for the treatment of degenerative disc disease (DDD) with up to Grade I spondylolisthesis. DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The lumbar devices are to be used in patients who have had at least six months of non-operative treatment. InFill™ is intended to be used with supplemental internal spinal fixation systems that are cleared by the FDA for use in the lumbar spine.

**Technical Characteristics:**

The InFill™ intervertebral body fusion device has similar physical and technical characteristics to the predicate devices.

**Performance Data:**

All necessary performance testing, has been completed for the InFill™ intervertebral body fusion device including static/dynamic compression (ASTM F2077), static subsidence (ASTM F2267) and expulsion, to assure substantial equivalence to the predicate devices.

**Basis for Determination of Substantial Equivalence:**

Upon reviewing the performance data provided in this submission and comparing intended use, design, materials, principle of operation and overall technological characteristics, the InFill™ intervertebral body fusion device is determined by Pinnacle Spine Group, LLC, to be substantially equivalent to existing legally marketed devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room W-O66-0609  
Silver Spring, MD 20993-0002

Pinnacle Spine Group, LLC  
% Ms. Rebecca K. Pine  
1601 Elm Street, Suite 300  
Dallas, Texas 75201

APR 18 2011

Re: K103729

Trade/Device Name: InFill™ Intervertebral Body Fusion Device  
Regulation Number: 21 CFR 888.3080  
Regulation Name: Intervertebral body fusion device  
Regulatory Class: Class II  
Product Code: MAX  
Dated: April 12, 2011  
Received: April 13, 2011

Dear Ms. Pine:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

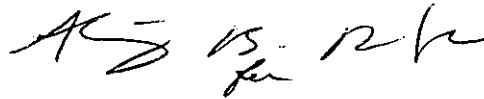
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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', with a stylized flourish at the end.

Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic,  
and Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

5. *Indications for Use Statement*

**INDICATIONS FOR USE STATEMENT**

510(k) Number (if known): \_\_\_\_\_

Device Name: **InFill™ Intervertebral Body Fusion Device**

Indications for Use:

InFill™ is indicated for intervertebral body fusion of the spine in skeletally mature patients. InFill™ is designed for use with autogenous bone graft to facilitate fusion. InFill™ is intended for use at either one level or two contiguous levels in the lumbar spine, from L2 to S1, for the treatment of degenerative disc disease (DDD) with up to Grade I spondylolisthesis. DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The lumbar devices are to be used in patients who have had at least six months of non-operative treatment. InFill™ is intended to be used with supplemental internal spinal fixation systems that are cleared by the FDA for use in the lumbar spine.

**(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)**


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**Concurrence of CDRH, Office of Device Evaluation (ODE)**

OR

Prescription Use   X    
(Per 21 CFR 801.109)

Over-The-Counter Use \_\_\_\_\_  
(Optional Format 1-2-96)

  
\_\_\_\_\_  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

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